

<i>SERFF Tracking Number:</i>	<i>WSST-127069348</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48367</i>
<i>Company Tracking Number:</i>	<i>CLR-196 1107</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CL UL Riders/CapTrans/IncomeRider/rp/kw</i>		
<i>Project Name/Number:</i>	<i>CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw</i>		

## Filing at a Glance

Company: Columbus Life Insurance Company

Product Name: CL UL

SERFF Tr Num: WSST-127069348 State: Arkansas

Riders/CapTrans/IncomeRider/rp/kw

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed-Approved-

State Tr Num: 48367

Adjustable Life

Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: CLR-196 1107

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Nikki Lape, Ramona

Disposition Date: 04/04/2011

Piercefield, Kimberly Wright

Date Submitted: 03/30/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CL UL Riders/CapTrans/IncomeRider/rp/kw

Status of Filing in Domicile: Pending

Project Number: CL UL Riders/CapTrans/IncomeRider/rp/kw

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Ohio is our domicile state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/04/2011

Deemer Date:

State Status Changed: 04/04/2011

Submitted By: Ramona Piercefield

Created By: Ramona Piercefield

Filing Description:

Corresponding Filing Tracking Number:

Re: Columbus Life Insurance Company

NAIC # 99937

CLR-196 1107, Enhanced No-Lapse Guarantee Rider (Accumulation)

CLR-196 1107 SP, Enhanced No-Lapse Guarantee Rider (Accumulation) Schedule Page

CLR-197 1107, Enhanced No-Lapse Guarantee Rider (Return of Premium)

SERFF Tracking Number: WSSST-127069348 State: Arkansas  
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TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw  
Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

CLR-197 1107 SP, Enhanced No-Lapse Guarantee Rider (Return of Premium) Schedule Page

CLR-198 1107, Enhanced No-Lapse Guarantee Rider (Death Benefit)

CLR-198 1107 SP, Enhanced No-lapse Guarantee Rider (Death Benefit) Schedule Page

CLR-199 1107, Enhanced Value Rider

CLR-199 1107 SP, Enhanced Value Rider Schedule Page

Dear Reviewer:

This filing is being submitted on behalf of the Columbus Life Insurance Company.

Enclosed for your review and approval are three Enhanced No-Lapse Guarantee Riders, an Enhanced Value Rider and four Policy Schedule pages. Riders are CLR-196 1107, an Enhanced No-Lapse Guarantee Rider (Accumulation), CLR-197 1107, an Enhanced No-Lapse Guarantee Rider (Return of Premium), CLR-198 1107, Enhanced No-Lapse Guarantee Rider (Death Benefit) and CLR-199 1107, an Enhanced Value Rider. The policy schedule pages are CLR-196 1107 SP, for the Enhanced No-Lapse Guarantee Rider (Accumulation), CLR-197 1107 SP, for the Enhanced No-Lapse Guarantee Rider (Return of Premium), CLR-198 1107 SP, for the Enhanced No-Lapse Guarantee Rider (Death Benefit) and CLR-199 1107 SP, for the Enhanced Value Rider. Each of these forms is new and is not intended to replace any previously approved form.

CLR-196 1107, the Enhanced No-Lapse Guarantee Rider with an Accumulation feature provides a guarantee of continued coverage from the policy anniversary that coincides with the expiration of the no-lapse guarantee under the policy to the date of the Insured's death, so long as a premium test is met. This Rider does not have a Return of Premium feature but does offer higher cash value accumulation and a lower death benefit guarantee. The Rider is only available at time of issue.

CLR-197 1107, the Enhanced No-Lapse Guarantee Rider with a Return of Premium feature provides a guarantee of continued coverage from the policy anniversary that coincides with the expiration of the no-lapse guarantee under the policy to the date of the Insured's death, so long as a premium test is met. The Rider also provides a return of premium benefit. If the policy is surrendered, we guarantee that during the Return of Premium Period shown on the Policy Schedule Page, the Cash Surrender Value will not be less than the sum of premiums paid less any withdrawals (including any applicable withdrawal fees). The Rider offers a higher cash value accumulation and lower death benefit guarantee. The Rider is only available at time of issue.

CLR-198 1107, the Enhanced No-Lapse Guarantee Rider with a Death Benefit Option provides a guarantee of continued coverage from the policy anniversary that coincides with the expiration of the no-lapse guarantee under the policy to the date of the Insured's death, so long as a premium test is met. This Rider offers lower cash value accumulation and higher death benefit guarantees. The Rider is only available at time of issue.

SERFF Tracking Number: W SST-127069348 State: Arkansas  
 Filing Company: Columbus Life Insurance Company State Tracking Number: 48367  
 Company Tracking Number: CLR-196 1107  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw  
 Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

The issue ages for the above Enhanced No-Lapse Guarantee Riders are 35 – 85.

CLR-199 1107, the Enhanced Value Rider, provides enhanced policy Account Values on a current basis. Due to the charge for this rider, current Account Values in earlier years may be less than under the policy without this rider attached and guaranteed Account Values in all years will be less than under the policy without this rider attached. When this rider is attached to the base policy, the surrender charges shown on the base policy schedule will be replaced with the rider surrender charges. The issue ages for this rider are 0 - 85. This rider is only available at time of issue.

These Riders are intended to be used with the following previously approved universal life policies and any policies approved in the future.

Rider Form	Previously Approved Policy	Approval Date	Dept. File No.
CLR-196 1107 CL 85 0707 AR & CL 86 0707 AR	4/3/2007	35498/35499	
CLR-197 1107 CL 85 0707 AR & CL 86 0707 AR	4/3/2007	35498/35499	
CLR-198 1107 CL 85 0707 AR & CL 86 0707 AR	4/3/2007	35498/35499	
CLR-199 1107 CL 85 0707 AR & CL 88 0707 AR	4/3/2007/4/16/2007	35498/35501	

The Application intended to be used to apply for these products is CL 45.300-A (6/09), which was previously approved for use in your state on December 3, 2009, Department File # 44202.

The Riders will be individually marketed through licensed agents. The Riders will be marketed with an Illustration.

An actuarial memorandum describing these riders, dated and signed by a member of the American Academy of Actuaries, is enclosed as supporting documentation. These forms have been scored for readability and the required certification is enclosed.

All variable items have been denoted by red brackets and are subject to change as explained in the supporting Statements of Variability. A Statement of Variability for each filed form has been included in this filing. We certify that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, formatting in the form of a booklet, and formatting pages to conform to our printer requirements.

Please do not hesitate to contact us with any questions or concerns.

SERFF Tracking Number: WSST-127069348 State: Arkansas  
 Filing Company: Columbus Life Insurance Company State Tracking Number: 48367  
 Company Tracking Number: CLR-196 1107  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw  
 Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

Thank you for your assistance with this filing. We look forward to your approval of this filing.

## Company and Contact

### Filing Contact Information

Ramona Piercefield, Product & State Filing Analyst  
 Ramona.Piercefield@wslife.com  
 400 Broadway  
 Cincinnati, OH 45202  
 800-446-0795 [Phone] 1873 [Ext]  
 513-357-4123 [FAX]

### Filing Company Information

Columbus Life Insurance Company  
 400 East Fourth Street  
 Cincinnati, OH 45202  
 CoCode: 99937  
 Group Code: 836  
 Group Name: West-Southern Group  
 State of Domicile: Ohio  
 Company Type: Life  
 State ID Number:  
 (800) 446-0795 ext. [Phone]  
 FEIN Number: 31-1191427

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$400.00  
 Retaliatory? Yes  
 Fee Explanation: \$50.00 per form x 8 forms = \$400.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbus Life Insurance Company	\$400.00	03/30/2011	46106945

SERFF Tracking Number:	WSST-127069348	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	CL UL Riders/CapTrans/IncomeRider/rp/kw		
Project Name/Number:	CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/04/2011	04/04/2011

<i>SERFF Tracking Number:</i>	<i>WSST-127069348</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>CL UL Riders/CapTrans/IncomeRider/rp/kw</i>		
<i>Project Name/Number:</i>	<i>CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw</i>		

## Disposition

Disposition Date: 04/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WSST-127069348 State: Arkansas

Filing Company: Columbus Life Insurance Company State Tracking Number: 48367

Company Tracking Number: CLR-196 1107

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw

Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability for CapTransfer & Income Riders		Yes
Supporting Document	NonCompact CapTransfer & Income Riders Actuarial Documentation		Yes
Form	Enhanced No-Lapse Guarantee Rider (Accumulation)		Yes
Form	Enhanced No-Lapse Guarantee Rider (Accumulation) Schedule Page		Yes
Form	Enhanced No-Lapse Guarantee Rider (Return of Premium)		Yes
Form	Enhanced No-Lapse Guarantee Rider (Return of Premium) Schedule Page		Yes
Form	Enhanced No-Lapse Guarantee Rider (Death Benefit)		Yes
Form	Enhanced No-Lapse Guarantee Rider (Death Benefit) Schedule Page		Yes
Form	Enhanced Value Rider		Yes
Form	Enhanced Value Rider Schedule Page		Yes

SERFF Tracking Number: WSST-127069348 State: Arkansas

Filing Company: Columbus Life Insurance Company State Tracking Number: 48367

Company Tracking Number: CLR-196 1107

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw

Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

## Form Schedule

Lead Form Number: CLR-196 1107

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CLR-196 1107	Policy/Cont	Enhanced No-Lapse Initial ract/Fratern Guarantee Rider al (Accumulation) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	CLR-196 1107.pdf
	CLR-196 1107 SP	Schedule Pages	Enhanced No-Lapse Guarantee Rider (Accumulation) Schedule Page	Initial		0.000	CLR-196 1107 SP.pdf
	CLR-197 1107	Policy/Cont	Enhanced No-Lapse Initial ract/Fratern Guarantee Rider al (Return of Premium) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	CLR-197 1107.pdf
	CLR-197 1107 SP	Schedule Pages	Enhanced No-Lapse Guarantee Rider (Return of Premium) Schedule Page	Initial		0.000	CLR-197 1107 SP.pdf
	CLR-198 1107	Policy/Cont	Enhanced No-Lapse Initial ract/Fratern Guarantee Rider al (Death Benefit) Certificate:	Initial		51.000	CLR-198 1107.pdf



SERFF Tracking Number: W SST-127069348 State: Arkansas

Filing Company: Columbus Life Insurance Company State Tracking Number: 48367

Company Tracking Number: CLR-196 1107

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw

Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

	Amendmen					
	t, Insert					
	Page,					
	Endorseme					
	nt or Rider					
CLR-198	Schedule	Enhanced No-Lapse	Initial	0.000		CLR-198
1107 SP	Pages	Guarantee Rider				1107 SP.pdf
		(Death Benefit)				
		Schedule Page				
CLR-199	Policy/Cont	Enhanced Value	Initial	0.000		CLR-199
1107	ract/Fratern	Rider				1107.pdf
	al					
	Certificate:					
	Amendmen					
	t, Insert					
	Page,					
	Endorseme					
	nt or Rider					
CLR-199	Schedule	Enhanced Value	Initial	0.000		CLR-199
1107 SP	Pages	Rider Schedule Page				1107 SP.pdf

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## ENHANCED NO-LAPSE GUARANTEE RIDER (ACCUMULATION)

An Additional Benefit of this Policy  
Issued By

### Columbus Life Insurance Company

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#### ***Rider Benefit***

This rider provides a guarantee of continued coverage from the policy anniversary that coincides with the expiration of the no-lapse guarantee under the policy to the date of the Insured's death, so long as a premium test is met.

#### ***Enhanced No-Lapse Guarantee***

Beginning on the tenth policy anniversary and continuing to the date of the Insured's death, We guarantee that the policy will not terminate or begin the Grace Period, if, **on the tenth policy anniversary**, and on any Monthly Anniversary Day following a loan or withdrawal, the following is true: (1) is equal to or greater than (2) where:

- (1) is the sum of the premiums paid, less any withdrawals (including any applicable withdrawal fees), plus interest accrued daily on the balance at the accumulation rate for Enhanced No-Lapse Guarantee Single Premium shown on the Policy Schedule, less the amount of any Indebtedness; and
- (2) is the Enhanced No-Lapse Guarantee Single Premium, plus interest accrued daily on such premium from the Policy Date at the accumulation rate for Enhanced No-Lapse Guarantee Single Premium shown on the Policy Schedule.

#### ***Enhanced No-Lapse Guarantee Single Premium***

The Enhanced No-Lapse Guarantee Single Premium is shown on the Policy Schedule.

#### ***Rider Grace Period and Lapse***

On the tenth policy anniversary, if the terms of the ***Enhanced No-Lapse Guarantee*** section of this rider have not been satisfied, We will allow a Rider Grace Period prior to the lapse of this rider. We will mail You a notice indicating the minimum premium You must pay to keep this rider and the Enhanced No-Lapse Guarantee in effect. You will have 61 days from the date We mail You this notice to pay the minimum premium. If You do not pay the minimum premium within the 61-day Rider Grace Period, the Enhanced No-Lapse Guarantee and this rider will terminate at the end of the 61-day Rider Grace Period.

#### ***No Reinstatement***

If the policy or this rider lapses, this rider cannot be reinstated.

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***Rider Charge***

The Maximum Rider Charge Rate Per \$1000 of Total Specified Amount is shown in the Policy Schedule. We will deduct a monthly Per \$1000 charge for this rider from Your Account Value on each Monthly Anniversary Day during the period shown in the Enhanced No-Lapse Guarantee rider section of the Policy Schedule.

To determine the monthly rider charge, We:

- (1) divide the Total Specified Amount for the policy as of that Monthly Anniversary Day by 1000; and
- (2) multiply by the monthly Per \$1000 charge rate.

The Total Specified Amount is the Specified Amount of the base policy plus the Specified Amount of any applicable supplemental coverage.

***Withdrawals and Specified Amount***

If You withdraw part of the Account Value from the policy while this rider is in effect, the Total Specified Amount will be decreased to an amount necessary to keep the Enhanced No-Lapse Guarantee in effect. The amount of the decrease in the Total Specified Amount may exceed the withdrawal amount.

You may not take a withdrawal in an amount that would cause the Total Specified Amount to be less than the Minimum Total Specified Amount shown in the Enhanced No-Lapse Guarantee section of the Schedule Page.

***Decrease in Specified Amount***

A decrease in Total Specified Amount will result in a pro-rata reduction in the Enhanced No-Lapse Guarantee Single Premium as described in paragraph (2) of the Enhanced No-Lapse Guarantee section of this rider. We will send a Schedule Page showing the new Total Specified Amount and Enhanced No-Lapse Guarantee Single Premium.

You may not decrease Your Total Specified Amount by an amount that would cause the Total Specified Amount to be less than the Minimum Total Specified Amount shown in the Enhanced No-Lapse Guarantee section of the Schedule Page.

***When Effective***

The effective date of this rider is shown on the Policy Schedule.

***Termination of Rider***

This rider will terminate on the first to occur of:

- (1) the Monthly Anniversary Day coinciding with or next following the date We process Your written request to cancel this rider;
- (2) the date the policy terminates;
- (3) the date We process Your request for a change in Death Benefit option or increase in Specified Amount;
- (4) the monthly anniversary day following the date We process Your request for a loan that causes the policy to fail the premium test for this rider;
- (5) the date the Grace Period for this rider expires without payment of the premium needed to keep this rider in force.

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**Policy Terms**

This rider is attached to and made a part of the policy. The terms and definitions of the base policy apply to the rider except to the extent they are in conflict with its terms. This rider has no values.

[

  
SPECIMEN  
*Secretary*

  
SPECIMEN  
*President*

]

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## Policy Schedule (continued)

### Enhanced No-Lapse Guarantee Rider (Accumulation)

Insured: [ John Doe ]

Age of Insured: [ 35 ]

Enhanced No-Lapse  
Guarantee Single

Premium: [ \$11,500.00 ]

Effective Date: [ 06-15-2011 ]

Accumulation Rate for Enhanced  
No-Lapse Guarantee Single Premium: [ 5.50% ]

Minimum Total Specified Amount: [ \$100,000 ]

### Maximum Rider Charge Rate Per \$1000 of Total Specified Amount

Payable From	Payable To	Monthly Rider Rate
[ 06-15-2011 ]	[ 06-15-2021 ]	[ 0.2500 ]

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## ENHANCED NO-LAPSE GUARANTEE RIDER (RETURN OF PREMIUM)

An Additional Benefit of this Policy  
Issued By

**Columbus Life Insurance Company**

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***Rider Benefit***

This rider provides a guarantee of continued coverage from the policy anniversary that coincides with the expiration of the no-lapse guarantee under the policy to the date of the Insured's death, so long as a premium test is met.

***Return of  
Premium  
Benefit***

This rider also provides a return of premium benefit. We guarantee that during the Return of Premium Period shown on the Policy Schedule, the Cash Surrender Value will not be less than the sum of premiums paid less any withdrawals (including any applicable withdrawal fees). Upon surrender of the policy, the return of premium benefit is the Net Cash Surrender Value as defined in the policy.

***Enhanced  
No-Lapse  
Guarantee***

Beginning on the tenth policy anniversary and continuing to the date of the Insured's death, We guarantee that the policy will not terminate or begin the Grace Period, if, **on the tenth policy anniversary**, and on any Monthly Anniversary Day following a loan or withdrawal, the following is true: (1) is equal to or greater than (2) where:

- (1) is the sum of the premiums paid, less any withdrawals (including any applicable withdrawal fees), plus interest accrued daily on the balance at the accumulation rate for Enhanced No-Lapse Guarantee Single Premium shown on the Policy Schedule, less the Amount of any Indebtedness; and
- (2) is the Enhanced No-Lapse Guarantee Single Premium, plus interest accrued daily on such premium from the Policy Date at the accumulation rate for Enhanced No-Lapse Guarantee Single Premium shown on the Policy Schedule.

***Enhanced  
No-Lapse  
Guarantee  
Single Premium***

The Enhanced No-Lapse Guarantee Single Premium is shown on the Policy Schedule.

***Rider Grace  
Period and  
Lapse***

On the tenth policy anniversary, if the terms of the ***Enhanced No-Lapse Guarantee*** section of this rider have not been satisfied, We will allow a Rider Grace Period prior to the lapse of this rider. We will mail You a notice indicating the minimum premium You must pay to keep this rider and the Enhanced No-Lapse Guarantee in effect. You will have 61 days from the date We mail You this notice to pay the minimum premium. If You do not pay the minimum premium within the 61-day Rider Grace Period, the Enhanced No-Lapse Guarantee and this rider will terminate at the end of the 61-day Rider Grace Period.

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**No  
Reinstatement**

If the policy or this rider lapses, this rider cannot be reinstated.

**Rider Charge**

The Maximum Rider Charge Rate Per \$1000 of Total Specified Amount is shown in the Policy Schedule. We will deduct a monthly Per \$1000 charge for this rider from Your Account Value on each Monthly Anniversary Day during the period shown in the Enhanced No-Lapse Guarantee rider section of the Policy Schedule.

To determine the monthly rider charge, We:

- (1) divide the Total Specified Amount for the policy as of that Monthly Anniversary Day by 1000; and
- (2) multiply by the monthly Per \$1000 charge rate.

The Total Specified Amount is the Specified Amount of the base policy plus the Specified Amount of any applicable supplemental coverage.

**Withdrawals  
and Specified  
Amount**

If You withdraw part of the Account Value from the policy while this rider is in effect, the Total Specified Amount will be decreased to an amount necessary to keep the Enhanced No-Lapse Guarantee in effect. The amount of the decrease in the Total Specified Amount may exceed the withdrawal amount.

You may not take a withdrawal in an amount that would cause the Total Specified Amount to be less than the Minimum Total Specified Amount shown in the Enhanced No-Lapse Guarantee section of the Schedule Page.

**Decrease in  
Specified  
Amount**

A decrease in Total Specified Amount will result in a pro-rata reduction in the Enhanced No-Lapse Guarantee Single Premium as described in paragraph (2) of the Enhanced No-Lapse Guarantee section of this rider. We will send a Schedule Page showing the new Total Specified Amount and Enhanced No-Lapse Guarantee Single Premium.

You may not decrease Your Total Specified Amount by an amount that would cause the Total Specified Amount to be less than the Minimum Total Specified Amount shown in the Enhanced No-Lapse Guarantee section of the Schedule Page.

**When Effective**

The effective date of this rider is shown on the Policy Schedule.

**Termination of  
Rider**

This rider will terminate on the first to occur of:

- (1) the Monthly Anniversary Day coinciding with or next following the date We process Your written request to cancel this rider;
- (2) the date the policy terminates;
- (3) the date We process Your request for a change in Death Benefit option or increase in Specified Amount;
- (4) the monthly anniversary day following the date We process Your request for a loan that causes the policy to fail the premium test for this rider;
- (5) the date the Grace Period for this rider expires without payment of the premium needed to keep this rider in force.

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**Policy Terms**

This rider is attached to and made a part of the policy. The terms and definitions of the base policy apply to the rider except to the extent they are in conflict with its terms. This rider has no values.

[  SPECIMEN  ]  
Secretary President



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## Policy Schedule (continued)

### Enhanced No-Lapse Guarantee Rider (Return of Premium)

Insured: [ John Doe ]

Age of Insured: [ 35 ]

Enhanced No-Lapse  
Guarantee Single

Premium: [ \$12,000.00 ]

Effective Date: [ 06-15-2011 ]

Accumulation Rate for Enhanced  
No-Lapse Guarantee Single Premium: [ 5.50% ]

Return of Premium Period:  
[ 06-15-2011 to 06-14-2021 ]

Minimum Total Specified Amount: [ \$100,000 ]

### Maximum Rider Charge Rate Per \$1000 of Total Specified Amount

Payable From	Payable To	Monthly Rider Rate
[ 06-15-2011 ]	[ 06-14-2021 ]	[ 0.2500 ]

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## ENHANCED NO-LAPSE GUARANTEE RIDER (DEATH BENEFIT)

An Additional Benefit of this Policy  
Issued By

### Columbus Life Insurance Company

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#### ***Rider Benefit***

This rider provides a guarantee of continued coverage from the policy anniversary that coincides with the expiration of the no-lapse guarantee under the policy to the date of the Insured's death, so long as a premium test is met.

#### ***Enhanced No-Lapse Guarantee***

Beginning on the tenth policy anniversary and continuing to the date of the Insured's death, We guarantee that the policy will not terminate or begin the Grace Period, if, **on the tenth policy anniversary**, and on any Monthly Anniversary Day following a loan or withdrawal, the following is true: (1) is equal to or greater than (2) where:

- (1) is the sum of the premiums paid, less any withdrawals (including any applicable withdrawal fees), plus interest accrued daily on the balance at the accumulation rate for Enhanced No-Lapse Guarantee Single Premium shown on the Policy Schedule; less the amount of any indebtedness, and
- (2) is the Enhanced No-Lapse Guarantee Single Premium, plus interest accrued daily on such premium from the Policy Date at the accumulation rate for Enhanced No-Lapse Guarantee Single Premium shown on the Policy Schedule.

#### ***Enhanced No-Lapse Guarantee Single Premium***

The Enhanced No-Lapse Guarantee Single Premium is shown on the Policy Schedule.

#### ***Rider Grace Period and Lapse***

On the tenth policy anniversary, if the terms of the ***Enhanced No-Lapse Guarantee*** section of this rider have not been satisfied, We will allow a Rider Grace Period prior to the lapse of this rider. We will mail You a notice indicating the minimum premium You must pay to keep this rider and the Enhanced No-Lapse Guarantee in effect. You will have 61 days from the date We mail You this notice to pay the minimum premium. If You do not pay the minimum premium within the 61-day Rider Grace Period, the Enhanced No-Lapse Guarantee and this rider will terminate at the end of the 61-day Rider Grace Period.

#### ***No Reinstatement***

If the policy or this rider lapses, this rider cannot be reinstated.

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***Rider Charge***

The Maximum Rider Charge Rate Per \$1000 of Total Specified Amount is shown in the Policy Schedule. We will deduct a monthly Per \$1000 charge for this rider from Your Account Value on each Monthly Anniversary Day during the period shown in the Enhanced No-Lapse Guarantee rider section of the Policy Schedule.

To determine the monthly rider charge, We:

- (1) divide the Total Specified Amount for the policy as of that Monthly Anniversary Day by 1000; and
- (2) multiply by the monthly Per \$1000 charge rate.

The Total Specified Amount is the Specified Amount of the base policy plus the Specified Amount of any applicable supplemental coverage.

***Withdrawals and Specified Amount***

If You withdraw part of the Account Value from the policy while this rider is in effect, the Total Specified Amount will be decreased to an amount necessary to keep the Enhanced No-Lapse Guarantee in effect. The amount of the decrease in the Total Specified Amount may exceed the withdrawal amount.

You may not take a withdrawal in an amount that would cause the Total Specified Amount to be less than the Minimum Total Specified Amount shown in the Enhanced No-Lapse Guarantee section of the Schedule Page.

***Decrease in Specified Amount***

A decrease in Total Specified Amount will result in a pro-rata reduction in the Enhanced No-Lapse Guarantee Single Premium as described in paragraph (2) of the Enhanced No-Lapse Guarantee section of this rider. We will send a Schedule Page showing the new Total Specified Amount and Enhanced No-Lapse Guarantee Single Premium.

You may not decrease Your Total Specified Amount by an amount that would cause the Total Specified Amount to be less than the Minimum Total Specified Amount shown in the Enhanced No-Lapse Guarantee section of the Schedule Page.

***When Effective***

The effective date of this rider is shown on the Policy Schedule.

***Termination of Rider***


This rider will terminate on the first to occur of:

- (1) the Monthly Anniversary Day coinciding with or next following the date We process Your written request to cancel this rider;
- (2) the date the policy terminates;
- (3) the date We process Your request for a change in Death Benefit option, or increase in Specified Amount;
- (4) the monthly anniversary day following the date We process Your request for a loan that causes the policy to fail the premium test for this rider;
- (5) the date the Grace Period for this rider expires without payment of the premium needed to keep this rider in force.

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**Policy Terms**

This rider is attached to and made a part of the policy. The terms and definitions of the base policy apply to the rider except to the extent they are in conflict with its terms. This rider has no values.

[  SPECIMEN  
Secretary ]  SPECIMEN  
President ]

## Policy Schedule (continued)

### Enhanced No-Lapse Guarantee Rider (Death Benefit)

Insured: [ John Doe ]

Age of Insured: [ 35 ]

Enhanced No-Lapse  
Guarantee Single

Premium: [ \$10,500.00 ]

Effective Date: [ 06-15-2011 ]

Accumulation Rate for Enhanced  
No-Lapse Guarantee Single Premium: [ 5.50% ]

Minimum Total Specified Amount: [ \$100,000 ]

### Maximum Rider Charge Rate Per \$1000 of Total Specified Amount

Payable From	Payable To	Monthly Rider Rate
[ 06-15-2011 ]	[ 06-14-2021 ]	[ 0.4200 ]

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## ENHANCED VALUE RIDER

An Additional Benefit of this Policy  
Issued By

### Columbus Life Insurance Company

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**Rider Benefit**

This rider provides enhanced policy Account Values. Due to the charge for this rider, Account Values in earlier years may be less than under the policy without this rider attached.

**Rider Charge**

We will deduct a Per \$1,000 Charge for this rider from Your Account Value on each Monthly Anniversary Day. The Maximum Rider Charge Rate Per \$1,000 of Specified Amount for the initial Coverage Layer is shown on the Policy Schedule. If You increase the Specified Amount, We will send You a new Policy Schedule showing the maximum monthly Per \$1,000 Charge rate for the new Coverage Layer. At Our option, We may charge less than the maximum rates shown.

To determine the monthly rider charge, We:

- (1) divide the Specified Amount for each Coverage Layer by 1000; and
- (2) multiply by the monthly Per \$1000 Charge rate applicable to that Coverage Layer.

We then add together the charges for each Coverage Layer.

If the Specified Amount for an existing Coverage Layer is increased due to a Death Benefit Option change, or if the Specified Amount is decreased for any reason, the monthly Per \$1,000 Charge will continue to be calculated as if the increase or decrease had not occurred.

**Reinstatement**

If the policy lapses and is reinstated, this rider will automatically be reinstated with the policy.

**When Effective**

The effective date of this rider is shown on the Policy Schedule.

**Termination of Rider**

This rider will terminate on the date the policy terminates.

**Policy Terms**

This rider is attached to and made a part of the policy. The terms and definitions of the policy apply to the rider except to the extent they are in conflict with its terms. This rider has no values.



  
SPECIMEN  
Secretary

  
SPECIMEN  
President



## Policy Schedule (continued)

### Enhanced Value Rider

Insured: [ John Doe ]

Age of Insured: [ 35 ]

Effective Date: [ 06-15-2011 ]

### Maximum Rider Charge Rate Per \$1000 of Specified Amount

	Coverage Layer Month	Monthly Rider Rate
Coverage Layer	[ 1-240	0.11300 ]
	[ 241+	0.00000 ]

SERFF Tracking Number: WSST-127069348 State: Arkansas  
 Filing Company: Columbus Life Insurance Company State Tracking Number: 48367  
 Company Tracking Number: CLR-196 1107  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw  
 Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
Flesch Certification - NonCompact CapTransfer-Income Riders.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
Approved 12/3/2009, State Tracking #44202		
<b>Attachment:</b>		
CL 45.300-A (6-09) John Doe-bracket.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability for CapTransfer & Income Riders		
<b>Comments:</b>		
<b>Attachments:</b>		
STATEMENT OF VARIABILITY (Cap Transfer).pdf		
STATEMENT OF VARIABILITY (Income Rider).pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> NonCompact CapTransfer & Income Riders Actuarial Documentation		
<b>Comments:</b>		
<b>Attachments:</b>		
Enhanced No-Lapse Guarantee Rider (Accumulation) Actuarial Memo CLR-196 1107.pdf		



Product Name: CL UL Riders/CapTrans/IncomeRider/rp/kw

Project Name/Number: CL UL Riders/CapTrans/IncomeRider/rp/kw/CL UL Riders/CapTrans/IncomeRider/rp/kw

Enhanced No-Lapse Guarantee Rider (ROP) Actuarial Memo CLR-197 1107.pdf  
Enhanced No-Lapse Guarantee Rider (Death Benefit) Actuarial Memo CLR-198 1107.pdf  
Enhanced Value Rider Actuarial Memo CLR-199 1107.pdf

Columbus Life Insurance Company

NAIC CODE #99937

**CERTIFICATION**

I, Lori Rochford, an officer of Columbus Life Insurance Company hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state Statutes and Regulations.

Form Numbers	Readability Score
CLR-196 1107 - Enhanced No-Lapse Guarantee Rider (Accumulation)*	51
CLR-197 1107 - Enhanced No-Lapse Guarantee Rider (ROP)*	51
CLR-198 1107 - Enhanced No-Lapse Guarantee Rider (Death Benefit)*	51
CLR-199 1107 - Enhanced Value Rider*	51

\*Rider was scored with previously approved policy form, CL 85 0707.



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Lori Rochford  
Assistant Vice President, Insurance Compliance

Date: 03/04/2011



# Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

☐ New Business

☐ Reinstatement of Policy # \_\_\_\_\_

## APPLICATION FOR LIFE INSURANCE – PART 1

For reinstatement, complete Sections A, B, I, J, K, L, M, N

### A. Proposed Insured 1

1. Name of Proposed Insured Male ☐ Female ☐  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
2. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(mm/dd/yyyy)  
3. Place of Birth (state/country) \_\_\_\_\_  
4. Social Security No. or Tax I.D. \_\_\_\_\_  
5. Drivers License No. and State \_\_\_\_\_  
6. Marital Status \_\_\_\_\_  
7. Employer \_\_\_\_\_  
Length Of Employment At This Business \_\_\_\_\_  
Occupation \_\_\_\_\_  
Duties \_\_\_\_\_  
Earned Income \_\_\_\_\_ Net Worth \_\_\_\_\_  
8. U.S. Citizen ☐ Yes ☐ No  
**If No, complete the Citizenship Supplement CL 45.461.**  
9. Home Address: Years at Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Street/Apt No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
10. Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### B. Proposed Insured 2 (For Survivorship or Other Insured Rider)

1. Name of Proposed Insured Male ☐ Female ☐  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
2. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(mm/dd/yyyy)  
3. Place of Birth (state/country) \_\_\_\_\_  
4. Social Security No. or Tax I.D. \_\_\_\_\_  
5. Drivers License No. and State \_\_\_\_\_  
6. Marital Status \_\_\_\_\_  
7. Employer \_\_\_\_\_  
Length Of Employment At This Business \_\_\_\_\_  
Occupation \_\_\_\_\_  
Duties \_\_\_\_\_  
Earned Income \_\_\_\_\_ Net Worth \_\_\_\_\_  
8. U.S. Citizen ☐ Yes ☐ No  
**If No, complete the Citizenship Supplement CL 45.461.**  
9. Home Address and Phone Information: E-mail \_\_\_\_\_  
☐ Same as Proposed Insured 1  
☐ Different; Provide information below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. Coverage Applied For. (If VUL, complete Supplement CL 45.265; If Indexed UL, complete Supplement CL 45.452.)

Plan of Insurance _____	Term Plans Only,	\$ _____
If UL or VUL, select Death Benefit Option:	Select Term Period:	Base Amount
<input type="checkbox"/> 1 – Level Death Benefit	<input type="checkbox"/> Ten Year	\$ _____
<input type="checkbox"/> 2 – Specified Amount plus Cash Value	<input type="checkbox"/> Twenty Year	Supplemental Coverage Rider (SCR) Amount
If UL, select Life Insurance Qualification Test	<input type="checkbox"/> Thirty Year	(if applicable)
<input type="checkbox"/> Guideline Premium (default, if none selected)	<input type="checkbox"/> _____ Year	\$ _____
<input type="checkbox"/> Cash Value Accumulation (not available with all plans)		Total Base Plus SCR Amount

### D. Optional Benefits and Riders.

Universal Life Only:	Term Plans Only:
<input type="checkbox"/> No-Lapse Guarantee: <input type="checkbox"/> Intermediate <input type="checkbox"/> Lifetime	<input type="checkbox"/> Return of Premium <input type="checkbox"/> Waiver of Premium
<input type="checkbox"/> Capital Transfer	<input type="checkbox"/> Accidental Death/Specific Loss
<input type="checkbox"/> Disability Credit: indicate Monthly Credit Amount \$ _____	Universal Life and Term:
<input type="checkbox"/> Term Rider:	<input type="checkbox"/> Accidental Death \$ _____
Check one: <input type="checkbox"/> 20 Years <input type="checkbox"/> 30 Years \$ _____	<input type="checkbox"/> Insured Insurability \$ _____
<input type="checkbox"/> Extended Maturity Plus: <input type="checkbox"/> Pay at Issue, or <input type="checkbox"/> Pay at Age 80	<input type="checkbox"/> Other Insured \$ _____
<input type="checkbox"/> Change of Insured	<input type="checkbox"/> Children's Term ( <b>complete supplement form CL 45.458</b> )
<input type="checkbox"/> Enhanced Cash Value	For Voyager only, you may select a shorter No-Lapse Guarantee than the
<input type="checkbox"/> Estate Protection Rider	Lifetime No-Lapse:
	<input type="checkbox"/> To age 90 <input type="checkbox"/> To age 95 <input type="checkbox"/> To age 100

### E. Child as Primary Proposed Insured

Answer if Proposed Insured is at least 15 days old and under 18 years.

1. Is Applicant a Parent or Legal Guardian (attach proof of guardianship) of proposed Insured? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is Applicant employed and providing Proposed Insured's main support? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is all life insurance in force on Applicant at least equal to 2 times that on Proposed Insured? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all other children in family insured or to be insured for an amount at least equal to that on Proposed Insured? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**F. Owner of Policy. Complete only if Owner is other than Proposed Insured 1.**

If Trust Owner, complete questions 1 A), D) and E) and attach declarations and signature pages of Trust Agreement.

1. A) Name \_\_\_\_\_  
First Middle Last  
B) Date of Birth (mm/dd/yyyy) \_\_\_\_\_ C) Relationship to Proposed Insured 1 \_\_\_\_\_  
D) Social Security/Tax ID Number \_\_\_\_\_ E-mail address \_\_\_\_\_  
E) Place of Birth (State/Country) \_\_\_\_\_  
F) Address \_\_\_\_\_  
Street No. and Name Apt. No. City State Zip Code
2. Multiple Owners: provide all details as above for other Owner in Additional Remarks section. E-mail \_\_\_\_\_  
Type of Ownership: ☐ Joint with right of survivorship ☐ Tenants in common \_\_\_\_\_

**G. Beneficiaries**

Name	Relationship	%
Primary: _____		
Primary <input type="checkbox"/> Secondary <input type="checkbox"/> _____		
Primary <input type="checkbox"/> Secondary <input type="checkbox"/> _____		

**H. Premium Amount, Mode of Premium Payment, Payer Information.**

Modal Premium Amount \$ \_\_\_\_\_ Mode \_\_\_\_\_ (Note: 2 months premium required for monthly PAT mode)

Total Amount Paid at time of Application. If none, indicate zero or leave blank \$ \_\_\_\_\_

**Payer Name and Address if other than Owner** (if not the same as home address in section A) – please print.

First Name	M.I.	Last Name	Street Address or P.O. Box Number
_____	_____	_____	_____
City			State Zip Code

Relationship to Proposed Insured \_\_\_\_\_

**I. Complete each question for the Proposed Owner and Proposed Insured(s) (if other than Owner).**

	Proposed Owner	Proposed Insured 1 If other than Owner	Proposed Insured 2 If other than Owner
1. Have you been involved in any discussion about the possible sale or assignment of this policy to a life, settlement, viatical or other secondary market provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever sold a policy to a life, settlement, viatical or other secondary market provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will any portion of the premiums for this policy be financed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Will any insured or policy owner receive any payment in connection with insurance issued on the basis of this application? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

For **Yes** answers to questions 1, 2, 3 or 4, please give details:

**J. Life Insurance In Force, Pending or Replacement.**

	Proposed Insured 1	Proposed Insured 2
1. Has anyone proposed for insurance ever applied for life, health or disability insurance; or a reinstatement for life, health or disability insurance and been declined, postponed or charged an increased premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does any Proposed Insured/Other Insured have any applications or preliminary or informal quote requests currently pending with any other life, settlement, viatical or secondary market provider or company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answered **Yes**, give details below for each Proposed Insured, including owner, beneficiary, carrier name and purpose of each policy.

3. a) Does anyone proposed for insurance now have life insurance policies or annuity contracts with any company (excluding group coverage?) ..... ☐ Yes ☐ No
- b) Will this insurance replace, or will it cause a change in, or involve a loan under, any insurance policy or annuity contract on anyone proposed for insurance, or in any insurance policy or annuity contract owned by the Owner? ..... ☐ Yes ☐ No

4. List all insurance in force for any Proposed or Other Insured. If none, check here or leave blank ☐ Note below if it is a replacement.

Proposed Insured Name	Company	Check If		B – Bus. P – Pers.	Face Amount	Policy Number	Issue Year	Purpose
		Repl	1035					

**K. Lifestyle Information on Proposed Insured 1 and Proposed Insured 2.**For **Yes** answers, complete Details section below.

	Proposed Insured 1		Proposed Insured 2	
	Yes	No	Yes	No
1. In the past year has anyone proposed for insurance used tobacco or any other product containing nicotine? If <b>No</b> , select the answer that best describes tobacco/nicotine product history. <b>Proposed Insured 1:</b> Quit: Over <input type="checkbox"/> 5, <input type="checkbox"/> 2, <input type="checkbox"/> 1 year(s) ago <input type="checkbox"/> Never Used <b>Proposed Insured 2:</b> Quit: Over <input type="checkbox"/> 5, <input type="checkbox"/> 2, <input type="checkbox"/> 1 year(s) ago <input type="checkbox"/> Never Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever used illegal drugs or controlled substances except as legally prescribed by a licensed member of the medical profession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you consume alcoholic beverages? If Yes: Type _____ Frequency _____ Amount _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Received or been advised to seek treatment for, attended a program for or been counseled for alcohol or drug abuse, or been advised by a health professional to reduce the use of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had a drivers license suspended or revoked, or within the last 5 years, been convicted of reckless or negligent driving or driving under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently receiving, or within the past 3 years have you received or applied for, any disability benefits, including Workers Compensation, Social Security Disability Insurance, or any other form of Disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 2 years have you been unable to work, attend school or been disabled for one month or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does anyone proposed for this insurance intend to travel or reside outside the U.S. or Canada within the next two years? If <b>Yes</b> , list where, when, purpose and duration in the Details section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 2 years, flown as a pilot, crew member, or with any duties aboard an aircraft, or is there any intention of doing so within the next two years? If <b>Yes</b> , complete a <b>Supplemental Questionnaire</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past 2 years, engaged in any motor racing on land or water, parachuting, skydiving, ballooning, gliding (kite or other), flying ultra-light aircraft, underwater or scuba diving, mountain climbing, or other hazardous sports or hobbies, or is there any intention of doing so within the next two years? If <b>Yes</b> , complete a <b>Supplemental Questionnaire</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been convicted of, are you awaiting trial for, or have you pled no contest to a felony? If <b>Yes</b> , indicate in Details section type, date and city/state of felony and if currently on probation or parole.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you a member of, or applied to be a member of, or received a notice of required service in, the armed forces, reserves or National Guard? If <b>Yes</b> , please list branch of service, rank, duties, and current duty station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Details:** List details to question above, listing question number and the Proposed Insured details apply to.

Question No. and Proposed Insured	Details

**L. Personal Physician Information**

	Proposed Insured 1	Proposed Insured 2
Name of personal physician:		
Address:		
Telephone number:		
Date last consulted:		
Reason last consulted:		
Treatment or medication prescribed:		

**M. Additional Remarks**

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**Completion of this section is optional if Proposed Insured(s) is/are being examined.  
DO NOT remove this page from the application.**

**N. Medical Information on Proposed Insured 1, Proposed Insured 2.**

For YES answers, complete Details section below.	Proposed Insured 1		Proposed Insured 2	
	Yes	No	Yes	No
1. Has any person proposed for insurance ever been diagnosed with, treated for, hospitalized for or been advised to seek treatment by a member of the medical profession for any of the following:				
a) High blood pressure, high cholesterol or high triglycerides? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart disease or disorder, heart attack, heart murmur, angina or chest pain, palpitations, irregular heart beat or coronary artery disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Circulatory system disorder, thrombophlebitis, aneurysm, embolism, peripheral vascular disease or edema? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Chronic headaches, carotid artery blockage, seizures, fainting, dizziness, epilepsy, stroke or mini stroke (TIA – transient ischemic attack), paralysis or other nervous system or brain disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Any tumor, masses, cysts, cancer, melanoma, pre-cancerous lesion, lymphoma, or disorder of the lymph nodes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Anemia, leukemia, clotting disorder, or any other blood disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Diabetes, elevated blood sugar, a disorder of the urinary tract or findings of sugar, protein or blood in the urine? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Asthma, emphysema, chronic obstructive pulmonary disease (COPD), shortness of breath, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or bronchitis, spitting up blood or any other disorder of the lungs or respiratory system? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Arthritis, gout, fibromyalgia or any disorder of the back, spine, muscles, nerves, bones, joints or skin? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Ulcers, colitis, Crohn's disease, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder or pancreas? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Thyroid, pituitary or other endocrine or glandular disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Any nervous, mental, emotional, mood, anxiety or eating disorders, or received counseling for anxiety, depression, stress or any other emotional condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Any disorder of the eyes, ears, nose or throat? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever tested positive for exposure to the HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-Related Complex) or any other immune deficiency disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 months have you been prescribed any medications other than contraceptives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you planning to seek medical advice or treatment for any reason; are you scheduled for a medical test or appointment or have you been advised to schedule a follow up medical appointment or test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any immediate family member (parents, sisters or brothers) died as a result of, or been diagnosed with, heart disease prior to age 60?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is your height and weight? If weight changed in the past 12 months, indicate pounds lost or gained.	Ht _____ Wt _____ Loss _____ Gain _____	Ht _____ Wt _____ Loss _____ Gain _____		

**Medical Information Details**

Details of **Yes** answers to the above questions 1-5.

Question No. and name of proposed insured.	Physicians, hospitals, illness, treatment, medical information, reason for checkup.	Dates and duration of illness.	Name, address, phone number of medical professionals, hospitals.

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Complies with the HIPAA Privacy Rule):** The undersigned, individually (and/or on behalf of any children named in the application, individually), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, other health-care provider, MIB, Inc., consumer reporting agency, my employer, or other companies or institutions that has provided payment, treatment or services, or who has information about me, to disclose to Columbus Life Insurance Company or their authorized representatives any information from health care or medical records. This includes information relating to diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment relative to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes; investigative consumer reports, other insurance coverage and details of employment.

The signature(s) below acknowledge that any agreements made to restrict my/our health information do not apply to this authorization and instruct any physician, medical practitioner, other health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health-care provider to release and disclose my/our health information without restriction. This authorization for disclosure of information is effective for 30 months following the date of signature(s) below. A copy of this authorization is as valid as the original.

The purpose for this disclosure is for Columbus Life Insurance Company to 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with Columbus Life Insurance Company.

I, each Proposed Insured, Named Child or Legal Representative, understand that: a) I have the right to obtain a copy of and revoke this authorization at any time by notifying Columbus Life Insurance Company (hereafter, 'the Company') in writing at [400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737] Attention: Privacy Officer; b) the revocation is only effective after it is received by the Company; c) any use or disclosure prior to the revocation will not be affected by a revocation d) a revocation is not effective to the extent that the Company has a legal right to contest a claim under a policy or to contest the policy itself; e) after health information is disclosed, federal law might not protect it, and the recipient might redisclose it; f) health care and payment for health care will not be affected by refusal to sign this authorization; g) on refusal to sign this authorization, the Company may not be able to process an application, or if coverage has been issued, may not be able to make any benefit determinations or payments.

#### AGREEMENT AND ACKNOWLEDGEMENT

**Each of the Undersigned declares that:** This Application consists of: a) Part I Application; b) Part II Medical Application, if required; c) any amendments to the application(s) attached thereto; and d) any supplements, all of which are required by the Company for the plan, amount and benefits applied for. Except as provided in any [Temporary Insurance Agreement] any policy issued on this application shall take effect on the date it is delivered to the owner and the first premium is paid during the lifetime of each and every person proposed for insurance under such policy and then only if the health and other conditions affecting insurability remain as described in this application.

Any and all statements and answers provided anywhere in this application, together with those in any Part II and in any supplemental application made in connection herewith are full, complete and true to the best of my knowledge and belief and are made to the Company to induce it to issue the policy or policies applied for and will be attached to and made a part of any policy issued.

No agent is authorized to make or alter contracts, to extend the time for payment of premiums, or to waive any of the Company's rights or requirements. Corrections, additions or amendments to this application may be made by the Company. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No changes, corrections or additions will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

The undersigned each represent that the applicant and proposed insured(s) each has read, or had read to each of them, the completed application and that they each realize that any false statement or misrepresentation which is material to the risk therein may result in loss of coverage under any policy issued hereunder, or if this is an application for reinstatement, the Company shall be under no liability except to return premiums paid in connection with such reinstatement.

I have read and understand the Accelerated Death Benefit Disclosure Statement. I have received 1) a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me or my children which relates to this application; and 2) Disclosures Regarding Insurance Information Practices, including the MIB, Inc Pre-Notice.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not currently subject to backup withholding as a result of Internal Revenue Service notification. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

A faxed or electronically transmitted signed document to Columbus Life Insurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at \_\_\_\_\_ Date \_\_\_\_\_  
(City and State) Signature of Proposed Insured 1 (if age 15 or older)

Signature of Applicant/Owner if other than Proposed Insured

Signature of Proposed Insured 2

Agent/Producer's Certification - To the best of my knowledge, a replacement ☐ is ☐ is not involved in this transaction. I also certify that only Company approved sales material was used, and copies of all sales material and any disclosures or illustrations required by law have been given to the Applicant.

Agent's Name (Please Print)

License No.

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

## **Columbus Life Insurance Company**

### **Statement of Variability**

**CLR-196 1107 - Enhanced No-Lapse Guarantee Rider (Accumulation)**

**CLR-196 1107 SP - Enhanced No-Lapse Guarantee Rider (Accumulation) Schedule Page**

**CLR-197 1107 - Enhanced No-Lapse Guarantee Rider (Return of Premium)**

**CLR-197 1107 SP - Enhanced No-Lapse Guarantee Rider (Return of Premium) Schedule Page**

**CLR-198 1107 - Enhanced No-Lapse Guarantee Rider (Death Benefit)**

**CLR-198 1107 SP - Enhanced No-Lapse Guarantee Rider (Death Benefit) Schedule Page**

This document defines the range of variation of bracketed items found in the Rider and Rider Schedule Pages. There are two types of variations: (1) those items that are Owner / Insured specific; and (2) those items that vary by Class of Owner.

#### **In General**

**Officer Signatures:** This will change on the Riders if the relevant individuals or titles should change in the future.

#### **Owner / Insured Specific Variables**

The filed specimen Rider Schedule Pages includes hypothetical information within the brackets shown on the Specifications page. In an issued contract, these fields will reflect information specific to the Owner / Insured.

#### **Information Shown on Rider Specifications Pages**

##### **Enhanced No Lapse Guarantee Rider:**

**Insured:** Insured's name

**Age of Insured:** Insured's age



### **Variables by Class of Owner**

A Class is a group of owners with substantial commonality, such as policy date. Class is determined on a nondiscriminatory basis and will not change over the life of any given contract.

#### **Enhanced No Lapse Guarantee Rider:**

<b>Effective Date:</b>	Shows the effective date of the rider.
<b>Enhanced No-Lapse Guarantee Single Premium:</b>	This is the premium required to be paid in order to pass the Enhanced No-Lapse Guarantee test. It varies based on the insured's issue age, sex, and class.
<b>Accumulation Rate for Enhanced No-Lapse Guarantee Single Premium:</b>	Maximum range of variation is 2.00% - 8.00%.
<b>Minimum Total Specified Amount:</b>	The smallest specified amount to which a policy can be decreased. Maximum range is \$25,000 - \$100,000.
<b>Return of Premium Period:</b>	Shows the effective dates of the Return of Premium Guarantee as described in the rider.
<b>Payable From:</b>	The first policy month the rider charge is payable. This date corresponds to Effective Date of the rider.
<b>Payable To:</b>	The last policy month the rider charge is payable.
<b>Monthly Rider Rate:</b>	Monthly rider rate per \$1000 of Specified Amount. Maximum Range is \$0.00 to \$25.00

## **Columbus Life Insurance Company**

### **Statement of Variability**

#### **CLR-199 1107 - Enhanced Value Rider CLR-199 1107 SP - Enhanced Value Rider Schedule Page**

This document defines the range of variation of bracketed items found in the contract's Rider Schedule Pages. There are two types of variations: (1) those items that are Owner / Insured specific; and (2) those items that vary by Class of Owner.

#### **In General**

**Officer Signatures:** This will change on the Riders if the relevant individuals or titles should change in the future.

#### **Owner / Insured Specific Variables**

The filed specimen Rider Schedule Pages includes hypothetical information within the brackets shown on the Specifications page. In an issued contract, these fields will reflect information specific to the Owner / Insured.

#### **Information Shown on Rider Specifications Pages**

##### **Enhanced Value Rider:**

**Insured:** Insured's name

**Age of Insured:** Insured's age

#### **Variables by Class of Owner**

A Class is a group of owners with substantial commonality, such as policy date. Class is determined on a nondiscriminatory basis and will not change over the life of any given contract.

##### **Enhanced Value Rider:**

**Effective Date:** Shows the effective date of the rider.

**Maximum Rider Charge Rate Per \$1000 of Specified Amount:** Monthly rider rate per \$1000 of Specified Amount. This Charge is listed separately for each Coverage Layer. Maximum range of variation is \$0.00 - \$20.00.

**COLUMBUS LIFE INSURANCE COMPANY**  
**ACTUARIAL MEMORANDUM**  
**POLICY FORM CLR-196 1107**

This optional rider provides a guarantee of continued coverage from the tenth policy anniversary until the death of insured, so long as a premium test is met on or before the tenth policy anniversary and any monthly anniversary day following a loan or withdrawal. It is available to insureds with issue ages from 35 to 85. This rider is not required to have nonforfeiture benefits.

A monthly charge per \$1,000 of coverage amount is assessed starting at issue and continues until the tenth policy anniversary or the rider is no longer in force, whichever is sooner.

If this rider allows a policy to stay in force with a negative account value, then the net amount at risk will not be increased to reflect the negative account value. Likewise, interest will not be credited to that account value.

**Reserves:**

When added to a universal life policy, this "secondary guarantee" is reserved in accordance with the Valuation of Life Insurance Policies Model Regulation (XXX 2000). The valuation uses the appropriate version of the 2001 CSO table and an interest rate not to exceed the maximum valuation rate for issues of that particular year.



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David P. Farmer, FSA, MAAA

03/03/2011

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Date

**COLUMBUS LIFE INSURANCE COMPANY**  
**ACTUARIAL MEMORANDUM**  
**POLICY FORM CLR-197 1107**

This optional rider provides a guarantee of continued coverage from the tenth policy anniversary until the death of insured, so long as a premium test is met on or before the tenth policy anniversary and any monthly anniversary day following a loan or withdrawal. It is available to insureds with issue ages from 35 to 85. This rider is not required to have nonforfeiture benefits.

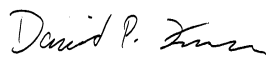
This rider also provides a return of premium benefit that guarantees the Cash Surrender Value will not be less than the sum of premiums paid less any withdrawals. This guarantee applies from issue until the tenth policy anniversary.

A monthly charge per \$1,000 of coverage amount is assessed starting at issue and continues until the tenth policy anniversary or the rider is no longer in force, whichever is sooner.

If this rider allows a policy to stay in force with a negative account value, then the net amount at risk will not be increased to reflect the negative account value. Likewise, interest will not be credited to that account value.

Reserves:

When added to a universal life policy, this "secondary guarantee" is reserved in accordance with the Valuation of Life Insurance Policies Model Regulation (XXX 2000). The valuation uses the appropriate version of the 2001 CSO table and an interest rate not to exceed the maximum valuation rate for issues of that particular year.



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David P. Farmer, FSA, MAAA

03/03/2011

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Date

**COLUMBUS LIFE INSURANCE COMPANY**  
**ACTUARIAL MEMORANDUM**  
**POLICY FORM CLR-198 1107**

This optional rider provides a guarantee of continued coverage from the tenth policy anniversary until the death of insured, so long as a premium test is met on or before the tenth policy anniversary and any monthly anniversary day following a loan or withdrawal. It is available to insureds with issue ages from 35 to 85. This rider is not required to have nonforfeiture benefits.

A monthly charge per \$1,000 of coverage amount is assessed starting at issue and continues until the tenth policy anniversary or the rider is no longer in force, whichever is sooner.

If this rider allows a policy to stay in force with a negative account value, then the net amount at risk will not be increased to reflect the negative account value. Likewise, interest will not be credited to that account value.

**Reserves:**

When added to a universal life policy, this "secondary guarantee" is reserved in accordance with the Valuation of Life Insurance Policies Model Regulation (XXX 2000). The valuation uses the appropriate version of the 2001 CSO table and an interest rate not to exceed the maximum valuation rate for issues of that particular year.



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David P. Farmer, FSA, MAAA

03/03/2011

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Date

**COLUMBUS LIFE INSURANCE COMPANY**  
**ACTUARIAL MEMORANDUM**  
**POLICY FORM CLR-199 1107**

This optional rider provides higher long term cash surrender value on a current basis in exchange for lower cash surrender value in the early durations on a current basis and lower cash surrender value in all durations on a guaranteed basis. It is available to insureds with issue ages from 0 to 85. This rider is not required to have nonforfeiture benefits.

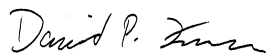
This rider achieves higher long term cash surrender values by reducing the duration of the base policy Per \$1,000 Charge duration on a current basis. Currently, this rider reduces the Per \$1,000 Charge duration to 5 years.

The rider also changes the pattern of surrender charges of the base policy. The base policy surrender charge reduces uniformly at 10% a year for 10 years. When this rider is attached, the initial surrender charge is unchanged, but the surrender charge reduces uniformly at 5% a year for 20 years.

A monthly charge per \$1,000 of coverage amount is assessed starting at issue of each coverage layer and continues for 20 years on a guaranteed basis. On a current basis, the duration of this charge may be less than 20 years. Currently the duration of this charge is 5 years.

**Reserves:**

When this rider is attached to a policy, the reserves will be computed with the base policy and the rider combined according to the Commissioner's Reserve Valuation Method as defined by the Universal Life Insurance Model Regulation and the Valuation of Life Insurance Policies Model Regulation (XXX 2000) using the appropriate version of the 2001 CSO table and an interest rate not to exceed the maximum valuation rate for issues of that particular year.



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David P. Farmer, FSA, MAAA

03/03/2011

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Date